

Foster Family Home - Corrective Action Report

Provider ID: 3-565103

Home Name: Nilda Whiting, CNA

Review ID: 3-565103-8

73-1094 Kaiminani Drive

Reviewer: Terri Van Houten

Kailua-Kona HI 96740

Begin Date: 8/18/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 9/18/2020.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - HHM#1 and HHM#2-no eCrim completed

8.(a)(2) - HHM#1 and HHM#2-no APS/CAN completed

(Both HHM living in portion of home that connects to the main residence.)

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(1) Staff An updated Application Form including an updated Disclosure Form.

Comment:

(3P)(a)(1) Staff- Needs updated disclosure form to reflect current household members

(3P)(b)(3) Staff - CG#2 does not have documentation supporting 3 client SCG approval in records

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

- 54.(a)(2) Appropriate program policies and procedures; and
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(a)(2) - Admission policy, including visitation access, smoking policy missing from binder/client records

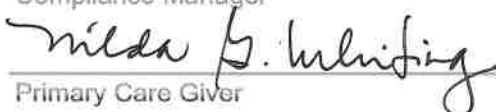
54.(c)(2) - Client #1 missing SP from 1/2020

54.(c)(5) - Client # 1-MAR not completed since 8/16/20. Client #2 - MAR not completed since 7/31/20. Two vitamin prescriptions have not been refilled at this time, not documented if given or not.

54.(c)(6) - Client #1 and Client #2 personal care flow sheet last documented on 8/16/20. Client #2¹-missing RN CM notes between 9/2019-3/2020



Compliance Manager



Primary Care Giver

8/18/2020

Date

8/18/2020

Date

CTA RN Compliance Manager:

Terri Van Houten RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: NILDA WHITING

(PLEASE PRINT)

CCFFH Address: 73-1094 KAIMINANI DR. KAILUA KONA, HI.96740

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.a.1	HHM#1 and HHM#2 completed e-crim for the new HHM. It was placed into home record.	8/18/20	Home will make sure all HHM are current put on notes to prevent lapses.
8.a.2	HHM#1 completed scheduled APS/CAN. It was placed into home record HHM#2 completed APS/CAN to Fingerprint, waiting for result.	8/19/20 8/20/20	Home will make sure all HHM are current and completed put on notes to prevent future lapses.
3P.a.1	Updated disclosure form to current HHM, completed and placed into home record.	8/18/20	List of new HHM family updated.
3P.a.3	CG#2 obtained work experience letter from employer and application for 3 clients SCG. Filed in binder and send copy to CTA.	8/21/20	Home comply with requirements for SCG.

☒ All items that were fixed are attached to this CAPPCG's Signature: Nilda A. WhitingDate: 9/18/2020☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Terri Van Houten RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: NILDA WHITING

(PLEASE PRINT)

CCFFH Address: 73-1094 KAIMINANI DR. KAILUA KONA, HI. 96740

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.a.2	Admission Policy and Procedures, filed in binder / clients record.	8/21/20	For upcoming admission home will discuss provider policy and procedures to patient and family.
54.c.2	Client #1 notified CMA to complete service plan for January 2020.	8/18/20	Home will notify CMA to provide updates service plan.
54.c.5	Client #1 and Client #2 completed and check on the MAR record given to client and sign MAR after giving medication.	8/18/20	Home will be provided with signatures daily after medication administration.
	Client #2 vitamin has been refilled by family	9/01/20	Home will refill vitamins as needed.
54.c.6	Client #1 and Client #2 personal flow sheet, maintained and updated personal care flow sheets of clients	8/18/20	Home will maintain and update personal care flow sheet of clients on daily basis.
	Client #1 RN CM notes between 9/20/19-3/2020, completed notes and filed in client binder.	8/21/20	Home will comply with RN CM requirements to prevent future lapses.

☒ All items that were fixed are attached to this CAPPCG's Signature: Nilda P. WhitingDate: 9/18/2020☒ CTA has reviewed all corrected items